

Father's Days this week. I will be privileged to have at least one of my children home, and my wife. The other one will not be there, but I am sure we will be connected by telephone and talking on Father's Day.

The Senator from West Virginia has taken great pride in his family. We have shared in the past some of the tragedies that have happened to the Senator from West Virginia in his own family. I know how deeply the Senator from West Virginia feels about family and what family means to Americans in this country.

Through the example of the Senator from West Virginia, through his example of public service, I say to the young pages, through his example of public service through his entire lifetime, through his service to his State but most importantly to his wife Erma and his family, that is the example we all need to follow. It is a great example.

I thank the Senator.

HELP AMERICA ACT

Mr. HARKIN. Mr. President, for more than a decade I have spoken out about the need to fundamentally reorient our approach to health care in America, to reorient it toward prevention and wellness and self-care.

I don't think too many people would argue with the statement, if you get sick, the best place to get the needed care is here in America. We have the best trained, highest skilled health professionals in the world. In fact, I have one here with me on my staff who is joining me in the Senate today.

We have great health professionals and cutting edge, state-of-the-art technology.

Just a few weeks ago, because of a recurring back problem I have, I had an open MRI. I never liked going into those MRI machines. Now we have one that is open. Great technology. Great technology.

We have world-class health care facilities and research institutions. But when it comes to helping people stay healthy and stay out of the hospital—and prevent illness—we in America fall short.

In the U.S., we spend in excess of \$1.8 trillion a year on health care. Fully 75 percent of that total is accounted for by chronic diseases, such as heart disease, cancer, diabetes. What these diseases have in common is that in so many cases they are preventable.

In the United States, we fail to make an upfront investment in prevention, so we end up spending hundreds of billions on hospitalization, treatment, and disability.

Well, this is foolish, and, clearly, it is unsustainable. In fact, I have long said that we do not have a health care system in America, we have a "sick care" system. If you are sick, you get care, but there is nothing there that will give you incentives and promotions to stay healthy in the first place.

This "sick care" system is costing us dearly in terms of health care costs,

chronic illness, and premature deaths. Consider the cost of major chronic diseases, diseases, as I have said, that are so often preventable.

I will have a series of charts today. The first one is a chart from the 2001 Surgeon General's report. It points out that obesity cost the United States \$117 billion in public health costs in 2000. Obesity—\$117 billion in just 1 year. And it is getting worse.

Other things: cardiovascular disease, about a \$352 billion cost per year; for diabetes, about \$132 billion per year; for smoking, a more than \$75 billion cost per year; for mental illness, about \$150 billion a year it is costing our society. Indeed, major depression is the leading cause of disability in the United States.

Now, if I bought a new car, and I drove it off the lot, and I never maintained it, I never checked the oil, never checked the transmission fluid, never got it tuned up, you would think I was crazy, not to mention grossly irresponsible. The commonsense principle with an automobile is this: You pay a little now to keep the car maintained or you are going to pay a whole lot later when it breaks down.

Well, it is the same with our national health care system. Right now our health care system is in a downward spiral. We are not paying a little now. We are not doing the preventive maintenance. So we are paying a whole lot later. And guess what. It is breaking down.

For example, we are failing to address the Nation's obesity epidemic. I have some charts that will show just what has happened in the United States in the last few years. This is a chart that shows what the incidence of obesity was in the United States in 1990. As you will see, some States had less than 10-percent obesity. No State exceeded 15 percent, and most of the States fell between 10 to 14 percent of the population being obese. That was in 1990. So keep that in mind. Nowhere in America did we exceed 15 percent. And some States were less than 10 percent. That was 1990.

Now here we are in 2002. This is the real shocker. By 2002, the majority of our States were over 20 percent. A few States were over 25 percent. One in four of the individuals in these States is obese. No State now is less than 10 to 14 percent. And this all happened in 12 years.

Actually, the story is even worse. The data on these charts is based on—guess what—self-reported weight, which tends to be significantly underestimated. So as catastrophic as this chart looks—and it is—it is even worse because it understates the extent of the obesity epidemic.

If you use recorded data rather than self-reported information, these rates are much higher. In fact, using this more scientific approach, we learn that almost two out of every three Americans are either overweight or obese. Today, 65 percent of our population

falls in that category. The Centers for Disease Control and Prevention recently warned that poor nutrition and physical inactivity could soon overtake smoking as the No. 1 cause of death in the United States. So let's make no mistake, this is a major public health crisis.

Now, a lot of times people say: Well, that is all well and good, but these are individuals. That is an individual choice—an individual choice. Well, I understand that, except when these individual choices lead to more hospital utilization—when these individual choices lead to higher insurance costs for the rest of our population, when these individual choices lead to prolonged chronic illnesses—then we have a public health crisis. And if you have a public health crisis, then it is time for those of us in government to look at what we can do to help change this course.

Another contributing factor to our health care crisis is tobacco. We do not hear as much about the dangers of tobacco use today as we used to. There is a perception that we have turned the corner, that we have done all we need to do. But that perception is not accurate. In 2002, 61 million Americans regularly smoked cigarettes. That is 26 percent of our population. What that means is, after decades of education and efforts to stop tobacco use, more than one in four Americans are still addicted to nicotine and smoking.

Mental health is another enormous challenge we are grossly neglecting. Mental health and chronic disease are intertwined, and they can trigger one another. It is about time we stopped separating the mind and the body when we discuss health. Prevention and mental health promotion programs should be integrated into our schools, workplaces, and communities along with physical health screenings and education. Surely, at the outset of the 21st century, it is time to move beyond the lingering shame and stigma that often attends mental health illness.

Fully 70 percent of all of the deaths in the U.S. are now linked to chronic conditions, such as heart disease, cancer, and diabetes. In so many cases, these chronic diseases are caused by poor nutrition, physical inactivity, tobacco use, and untreated mental illness.

Again, this is unacceptable to us as a society. So after many months of meetings, discussions with Iowans, discussions with experts around the Nation, and thanks to the help of my great staff, I will shortly be introducing comprehensive legislation designed to transform America's "sick care" system into a true health care system, one that emphasizes prevention and health promotion.

This bill, which I have here, which is a comprehensive bill, is one that will help promote healthy lifestyles and prevention to help us keep from getting sick in the first place. I will have more to say about that in a couple

minutes. But I am calling this bill the HELP America Act—HELP being an acronym for Healthy Lifestyles and Prevention.

The aim of this bill is to give individuals and communities, schools and workplaces, the information and the tools and the incentives they need to take charge of their own health and to prevent illness because if we are serious about getting control of health care costs and health insurance premiums, then we must give people access to preventive care. We must give people the tools they need to stay healthy and stay out of the hospital.

This will take a sustained commitment from government, schools, communities, employers, health officials, insurance companies, and, yes, tobacco and food industries. But a sustained effort can have a huge payoff for individuals and families, for employers, for society, for government budgets, and the economy at large.

As I said, the HELP America Act is comprehensive legislation. It is a multifaceted bill. But this afternoon I would like to outline the bill's major elements. The first title and the first component of the bill addresses healthy kids in schools.

Prevention and the development of healthy habits and lifestyles must begin in the early years with our children. Unfortunately, today, we are heading our kids in the wrong direction. More and more kids all across America are suffering from poor nutrition, physical inactivity, mental health issues, and tobacco use.

For example, just since the 1980s, the rates of obesity have doubled in children and tripled in teens.

Even more alarming is the fact that a growing number of children are experiencing what used to be thought of as primarily adult health problems. What I mean by that is almost two-thirds or 60 percent of overweight children have at least one cardiovascular disease risk factor. We know that the onset of diabetes is happening at even earlier and earlier ages.

Recent studies have shown that increasing weight, greater salt consumption from fast foods, and poor eating habits have contributed to a rise in blood pressure, higher cholesterol levels, and a shockingly rapid increase in adult onset diabetes happening in our kids.

The HELP America Act will more than double funding for the successful PEP program, Physical Education Program, which promotes health and physical education programs in our public schools.

I find it disturbing that more than one-third of youngsters in grades 9 through 12 do not regularly engage in adequate physical activity. More and more of our elementary school kids have no recess. They have no time during the day to engage in any kind of physical activity. This is a shame because studies show that regular physical activity not only improves health but boosts self-esteem.

For example, I heard from a Mr. Rick Schupbach, who is the physical education teacher at Grundy Center High School in Iowa. His school was recognized as a premier model school for physical education by the PE for Life national organization. Just this week I met with Lois Boeyink, the national elementary school PE teacher of the year from Iowa. As they pointed out, there are dozens of innovative programs and activities that can help kids become more physically active, but these programs are languishing for lack of funding and support.

The HELP America Act will also expand the fruit and vegetable program. These are basically the elements of title I of the bill. It promotes physical activity, doubling the PEP grants, getting down into our elementary schools to get kids to be more active, and to get school boards and principals thinking about incorporating into the school day some physical activity for the kids. To me that is just as important as learning a course or spending time studying during the day. They need some time for physical activity.

It also expands the food and vegetable program, which we started a couple of years ago, to provide free fresh fruits and vegetables in public schools. Right now that is happening in four States, about 100 schools, a couple of Indian reservations. It has been a tremendous success. What we have shown is that if you provide free fresh fruits and vegetables to kids in school, they will eat fresh fruits and vegetables, and they won't be going to the vending machines. They won't be eating potato chips and candy and snack foods. And they are getting healthier. Every place we have had the fresh fruit and vegetable program, it has been a tremendous success. The only problem is, we only have it in 100 schools. We need to expand it. That is what this bill will do.

The bill would also give schools incentives to create healthier environments, including goals for nutrition, education, physical activity, and to give grants to schools to get them to change their settings, to change their curriculum, that type of thing, to give more nutrition and activity in the schools.

Lastly, we would provide a grant program to provide mental health screenings and mental health prevention programs in schools, along with training for school staff to help them recognize children exhibiting early warning signs. It will improve access to mental health services for students and their families.

This is a comprehensive bill. We wanted to address wellness in everything from kids early on, through schools, workplaces, communities, the elderly, through Medicare. This is comprehensive.

The second part is healthier communities and workplaces. For example, the bill aims to create a healthier workforce by providing tax credits to

businesses that offer wellness programs and health club memberships. Studies show that on average, every dollar that is invested in workplace wellness returns \$3 in savings on health costs, absences from work, and so on.

I note for the record that the present occupant of the chair, the distinguished Senator from Texas, is a strong supporter and sponsor of what we call the WHIP bill. I was glad to join him as a cosponsor of that bill to promote employer wellness incentives. The Senator from Texas is right on the mark because right now there really are not any incentives out there. For example, if you work for a business—let's say it is a small business. They can't really put a wellness center in, but let's say their employees wanted to join a health club, a wellness center. The business could pay for that and have that as an expensable item, deductible, expensable item, and at the same time it would not be a taxable benefit to the employee. That is the WHIP bill. I thank the Senator from Texas for his great leadership. I hope the Senator does not mind that we have also included that in this bill. Whichever way, whether it is stand-alone or whatever, I say to my friend from Texas, he is right on the mark. I thank him for his leadership in this area.

We had a lot of hearings and field hearings. I heard from Mr. Lynn Olson, CEO of the Ottumwa, Iowa Regional Health Center. This center offers a comprehensive wellness program for its employees, including reduced health insurance premiums for those employees who meet individual health goals. The center has seen tremendous savings from their investment in health promotion.

My bill also goes beyond just the workplace. It creates a grant program for communities to be involved in promoting healthier lifestyles. For example, we want to support efforts such as those going on in two places in Iowa: Webster County and Mason City, where they have mall walking programs, basically for the elderly but, quite frankly, a lot of other people are joining in. Of course in Iowa, where you don't walk too much outside in the wintertime it is so cold, they have mall walking programs, and they have it set out for quarter-mile, one-half-mile, one-mile walks around the malls. The owners of the malls have been very helpful and supportive. But we need to expand it, and we need to expand it into communitywide initiatives to promote wellness.

At the same time our bill also provides new incentives for the construction of bike paths and sidewalks to encourage more physical activity, especially walking. It is shocking to this Senator, who grew up in a small community—sidewalks were a part of life; you always had a sidewalk; I walked to school every day on the sidewalk—new subdivisions and housing developments are being built without sidewalks.

Right away that discourages you from walking.

Roughly one-quarter of walking trips today take place on roads without sidewalks or shoulders. Bike lanes are available for only about 5 percent of bike trips. I saw some figures the other day about how fewer kids today ride bikes than they did just 20 years ago. I assume some of that is attributable to video games and surfing the Net, and watching TV. I understand that. But might not some of it also be attributable to the fact that there are really not too many places to ride bikes.

I can tell you that as a father of two daughters who rode bicycles, we were fortunate that we lived on a small cul-de-sac where you would ride around without traffic. We also, fortunately, lived in a neighborhood with sidewalks, so they could ride their bikes on the sidewalks.

If I were a parent with young children riding a bike today and I lived on a street and I didn't have sidewalks, I am not certain I would want my kids riding those bikes out on the streets. So we are discouraging young people from biking and discouraging adults from biking.

Lastly, as many colleagues know, I have been a longstanding advocate for the rights of people with disabilities. So I have given special attention to programs and activities to include people with disabilities. I just mentioned the bills and incentives to create bike lanes and sidewalks. This will make a difference to people with disabilities, who are often forced to travel in streets alongside cars because there are no sidewalks available for people using wheelchairs.

The Centers for Disease Control funded a program called Living Well With a Disability, which has actually decreased secondary conditions among people who have a disability, and it has led to improved health for participants. The program is an eight-session workshop that teaches individuals with disabilities how to change their nutrition and level of physical activity. The program not only increases healthy activities for people with disabilities, but has also led—get this—to a 10-percent decline in the cost for medical services, particularly emergency room care and hospital stays.

In addition, my bill includes a Working Well With a Disability Program, which will build partnerships between employers and vocational rehabilitation offices, with the aim of developing wellness programs in the workplace.

Moving on to the next title of the bill, which is responsible marketing and consumer awareness, basically, that has two major components. It has to do with menu labeling in restaurants and protecting our kids from unfair junk food advertising. Having accurate, readily available information about the nutritional value of the foods we eat is the first step toward improving our overall nutrition. Unfortunately, because of all the gimmicks

and hype that marketers use to entice us to buy their products, determining the nutritional value of the foods we buy can be problematic, especially for kids.

I will refer to this chart again. Here we have counting books for kids, by which kids get to learn how to count. We have the Oreo Cookie counting books, where they can count up to 10 Oreo Cookies. This is the Cheerios counting book, the Fruitloops counting book, and the Goldfish counting book. Here is another Goldfish book. This is the M&Ms counting book. So you can teach little kids to count by counting Oreo Cookies, Fruitloops, M&Ms, or Goldfish—all not good nutritional value for our kids.

Why don't we have a peaches and pears counting book? Why don't we have a carrots and broccoli counting book? Why don't we have fruits and vegetables counting books? Why is it always sugar or things that are high in fat, high in sodium? Well, you can see what happens. The kids absorb this as they go along. It is because we don't have incentives for anybody to put out a pear counting book, an apple counting book, or a carrot counting book. These people have incentives: They make money. They get that brand identification out to the kids and parents early on. I can see this little kid doing the M&M counting book, and they learn to count to 10. When they go to the store with mom or dad and go down that aisle and they see that package of M&Ms, that is what they want because they recognize it from their counting book. So we need to get away from the gimmicks and hype. That is what that is.

Now, there is another chart I wanted to show. This is what I am talking about—putting nutrition labeling in restaurant menus. These are called cheese fries. This is actually something you can get in a restaurant not too far from the Capitol. Actually, it is ordered as a side plate. You can order a hamburger or cheeseburger and order cheese fries on the side. One serving of cheese fries has 3,010 calories, which is 1½ days worth of total calories. But you would never know it when you order it. You would have no idea how many calories are there.

A few weeks ago, I suggested that we have a mandate that restaurants—chain restaurants—put on their menu how much fat, transfat, calories, and sodium is in each entree. The National Restaurant Association sort of went into orbit, saying, we cannot do that; it is going to cost too much money; you don't understand, they change menus a lot; you would have to reprint them every time; it would be too burdensome, and on and on.

Well, about 1 week after the National Restaurant Association came out blasting my approach, one chain, called Ruby Tuesday's, decided on their own that they were going to print that exact information for every entree on their menu. You can go to any Ruby

Tuesday's right now, pick up the menu, and for every entree, you can see total fat, transfats, calories, and sodium. If Ruby Tuesday's can do it, anybody can do it. People can now look at their menu and decide, armed with that information, if they want to have something that is high in fat. They might say, maybe I ought to cut back a little here. Maybe I don't want to order the cheese fries today. By the way, it is not Ruby Tuesday's that carries the cheese fries. That way, customers can make a more informed choice. That is what we are calling responsible marketing and consumer awareness. It has to do with menus and labeling in restaurants. More and more people are eating out, Mr. President. They really don't have the knowledge.

We also know that advertising to kids is getting worse. It is estimated that junk food marketers alone spent \$15 billion in 2002 advertising to kids. As I said, they are not advertising broccoli and apples; they are advertising items that are high in sugar, salt, fat, and calories.

Here is a chart. Look at this on the left of the chart. This is the USDA Food Guide Pyramid. This is what you eat for a healthy lifestyle. Here is bread, cereal, rice and pasta, vegetables, fruits, milk, cheese, yogurt, meat, and beans, and nuts. Last would be fats, oils, and sweets. That is the USDA food chart.

Look at a typical Saturday morning advertising choices for our kids. This is what they get: Fifty percent of every ad they see is for something that has fats, oils, and sweets in it—things they should not be eating. They are advertising only 4.5 percent for milk, cheese, and yogurt; 1.8 percent for eggs, dried beans, poultry, fish, and nuts; and about 43 percent for bread, cereal, rice, and pasta. Usually, they are sugar-laden cereals. There is not one ad for vegetables or fruits—not one. So when kids see these ads, they think that is what they are supposed to eat. When they don't see anything advertising vegetables and fruits, they think that is not to be eaten. So that is why children under 8 years of age don't always have the ability to distinguish fact from fiction.

We know the number of TV ads kids see over the course of their childhood has doubled, from 20,000 to 40,000. The sad fact is and what few people know is that back in the 1970s—1978, if I am not mistaken—the FTC recommended banning TV advertising to kids.

What did Congress do? Why, Congress went into orbit. What? We can't ban TV advertising to kids. So we basically took away their authority to do that. We made it harder for the FTC. Right now it is harder for the Federal Trade Commission to regulate advertising for kids than for adults. You probably think I made a mistake in what I just said. I didn't make a mistake. What I said is, it is harder right now for the Federal Trade Commission to regulate

advertising for kids than it is to regulate advertising for adults, and that happened after 1978.

It is time to change that, and my bill will restore the authority of the Federal Trade Commission to regulate marketing to kids, just as they do for adults, and it encourages them to do so.

The fourth component of my bill, the HELP America Act, addresses reimbursements for prevention services. Right now, our medical system is set up to pay doctors to perform a \$20,000 gastric bypass instead of offering advice on how to avoid such risky procedures in the beginning.

My bill will reimburse and reward health care professionals for practicing prevention and screenings. It will expand Medicare coverage to pay for counseling on nutrition and physical activity, mental health screenings, and smoking cessation programs for the elderly.

Time and again—and I am sure the present occupant of the chair has seen it in his own State—if you go to, let's say, a senior citizens center where they have an active program for wellness, where they have physical exercise, where they have nutrition counseling, mental health counseling, getting elderly people who have been smoking all their life off tobacco, you will find those elderly people use less hospital care services, they go to the hospital less; they go to the doctor less than elderly people who either do not go to a senior citizens center or go to a senior citizens center where they simply sit around and play cards. We know that. We need to expand Medicare coverage to pay for that kind of physical activity, mental health screenings, and smoking cessation programs.

Does it cost money? You bet. But think of the money we are going to save in the long run. Again, I get back to my car. If you bought a new car and drove it home, and you never changed the oil, you never changed the transmission fluid, you never had it tuned up, and you just drove it until the engine seized up because it ran out of oil, yes, you can go down and put a new engine in it. I think that will cost you a lot more than if you just change the oil periodically and gave it a tuneup periodically. That is what we are talking about here. We are doing the same thing.

Finally, let me point out that the HELP America Act will be funded by creating a new national health promotion trust fund paid for through a penalty on tobacco companies that fail to cut smoking rates among children, and also by ending the taxpayer subsidy of tobacco advertising and closing a few other tax loopholes.

I want to mention the subsidy of tobacco advertising. We see a lot of ads for tobacco. That is a tax-deductible expense for tobacco companies. Billions of dollars every year are spent advertising tobacco. Everything from the Marlboro Man to Kool Lights—we see

them all the time; I cannot remember them all—all paid for by a tax deduction.

I am not saying that a tobacco company cannot advertise tobacco. It is still legal to buy it. They have the right to advertise it, but they do not have any constitutional right to get a tax deduction for it.

A lot of people say to me: Senator HARKIN, you want to take away their constitutional right to advertise.

I said: No, I do not. It is free speech. It is a legal product. So far it is legal. They can advertise it, but there is no constitutional right for a tax deduction for them to advertise tobacco, and I think it is time that we remove that and put that savings into a health promotion trust fund.

It is time for the Congress to lead America in a new direction. We need a new health care paradigm, a prevention paradigm.

As I said in the beginning, some will argue avoiding obesity and preventable disease is strictly a matter of personal responsibility. We all agree individuals should act responsibly, and I am all for personal responsibility. But when something reaches the proportions that we have today where it is a public health crisis, where it is impacting every single American and the insurance we have to pay for our own health insurance, where it is clogging up our hospitals with people who are in for chronic illnesses and diseases, where it is costing more and more on Medicare, which we subsidize, or Medicaid, then it is time for the Government to act responsibly.

We have a responsibility, at a minimum, to ensure that people have the information, the tools, the incentives, and the support they need to take charge of their own health. That is what the HELP America Act is all about.

Again, the description I have just given of this quite comprehensive bill is just scratching the surface. I obviously did not go into all the parts of it. I do not want to take any more time here today. But the HELP America Act is a comprehensive bill addressing health promotion, illness prevention, physical activity, everything from early childhood to late adulthood, everything from schools to communities to workplaces to government.

I know it probably will not pass right away, but I hope this becomes a part of our national debate. This is a political year. Fortunately, I am not running. Fortunately, the Senator from Texas is not running. Obviously, there are a lot of people out there running for political office this year, and there will be a lot of talk about health care and how we are going to do Medicare and how we do Medicaid and how we do the health insurance crisis and prescription drugs, and all this is going to be talked about.

It is time for our Presidential candidates on both sides to begin talking about keeping people healthy, pre-

venting illness, and what do we need to do to change this paradigm from a sick care system to a health care system. We need that public debate because I believe the American people want that shift. They want to be healthier. They want to eat better. They want to have a healthier lifestyle. But it just seems as if everything in our country is tilted against that healthier lifestyle.

When you do not have a sidewalk on which to walk, when you do not have a bike path on which to ride your bike, when kids in school have no physical activity whatsoever, when kids in school have junk food shoved at them in vending machines up and down one aisle and another, when kids at the earliest age watch their Saturday morning TV shows and all they see is candy, sugar, and fats pushed at them, when our workplaces have no incentives to provide wellness to their employees, when the elderly get Medicare and if they get sick, right to the hospital, right to a doctor, Medicare pays; thank God for Medicare. But shouldn't Medicare also be trying to keep them healthy in the first place?

People want this. The American public wants this kind of support. They want this paradigm shift to lead healthier lifestyles.

It is time for us to get on with this business of doing so.

In closing, it is time to heed the golden rule of holes, which says, when you are in a hole, stop digging. Well, we have dug one whopper of a hole in our health care system by only addressing illness and by failing to emphasize prevention and wellness. It is time to stop digging that hole. It is time to commit ourselves to healthier lifestyles and changing the incentive structure, changing this paradigm that we have in this country, a paradigm shift from a sick care system to a health care system.

I thank the indulgence of the occupant of the chair for giving me this time on a Friday afternoon.

Mr. HARKIN. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. DOLE). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

WORLD REFUGEE DAY 2004

Mr. BROWNBACK. Madam President, from the central highlands of Vietnam to the Darfur region of Sudan, and from the Tumen river dividing North Korea and China to the roof of the world in Bhutan and Nepal, nearly 12 million people worldwide are refugees. Sunday, June 20, 2004 is World Refugee Day. This week, at events both in Washington and around the world, policymakers, advocates and concerned individuals will direct our attention to